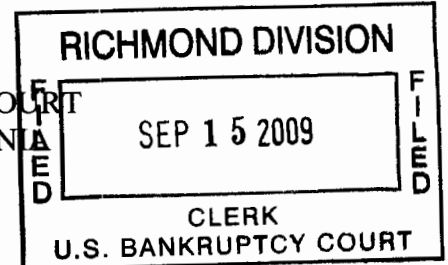


IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA  
RICHMOND DIVISION



-----X  
In Re:

Chapter 11

CIRCUIT CITY STORES, INC.,  
*et al.*

Case No.: 08-35653 (KRH)

Debtors.

Jointly Administered

-----X

**RESPONSE TO DEBTOR'S OMNIBUS OBJECTION OF CLAIMS  
AND A REQUEST FOR A HEARING**

PLEASE TAKE NOTICE that claimant KHANAM FATIMA AKHTER, claim number 5111, hereby opposes the relief requested in the Objection. Pursuant to a Notice of Debtors Omnibus Objection to claims dated August 20, 2009, we submit the following:

A. The claimant's name is KHANAM FATIMA AKHTER. The amount of the claim is for \$500,000.00 as compensation for personal injuries sustained on March 12, 2008. On that date, the claimant was lawfully within a Circuit City store formerly located at 5<sup>th</sup> Avenue and 43<sup>rd</sup> Street, New York, New York when she was caused to trip and fall.

B. The claimant is represented by RIMLAND & ASSOCIATES, located at 32 Court Street, Suite 1506, Brooklyn, New York 11201. The telephone number is (718) 222-1919. This office, as her attorneys, are familiar with the relevant facts that support this response. Claimant KHANAM FATIMA AKHTER, a retail business invitee, had shopped at the aforementioned Circuit City store and was informed that the item sought was not in that store's stock. The Claimant was exiting the premises when she was caused to trip and fall over an empty loading cart near the register at the front of the store. The occurrence was witnessed by store employees,

including one Andre Whaley who apologized to the claimant following this occurrence.

Photographs of the accident scene are attached hereto.

The legal basis of liability on the part of the Debtor is one in negligence, in that the placement of the loading cart in a area frequented by the Store's patrons was a dangerously caused and created condition by the Debtor, its employees, agents and/or servants. The negligent placement of said loading cart created an optical illusion and tripping hazard for the claimant who was unable to see the cart before she tripped and fell.

Copies of the relevant medical records and health insurance claim form are attached herewith, which consist of the following:

- i. Bellevue Hospital, ER records, dated March 12, 2008
- ii. Beth Israel Medical Center, ER records, dated March 17, 2008
- iii. Laxmihar Diwan, M.D., narrative report dated May 5, 2008
- iv. KLS Medical, P.C., reports dated March 26, 2008 to September 22, 2008
- v. Yongming Mao Physician, PC., records dating April 14, 2008 to August 25, 2008.
- vi. Bromer Medical, PC, MRI report of cervical spine dated August 19, 2008

C. The claimant's address is as follows:  
KHANAM FATIMA AKHTER  
40 Waterside Plaza, Apartment 26E  
New York, New York 10010

The Claimant's Attorneys are as follows:  
RIMLAND & ASSOCIATES  
32 Court Street, Suite 1506  
Brooklyn, New York 11201  
(718) 222-1919  
(718) 222-1901 (facsimile)

D. Attorney EDWARD RIMLAND has the authority to reconcile, settle or otherwise resolve the objection on behalf of the Claimant herein.

E. The Claimant requests a hearing on this Response to the Debtor's Objection.

Dated: Brooklyn, New York  
September 14, 2009

Yours, etc.,

RIMLAND & ASSOCIATES



---

By: Edward Rimland, Esq.  
Attorney for Claimant  
KHANAM FATIMA AKHTER  
32 Court Street, Suite 1506  
Brooklyn, New York 11201  
(718) 222-1919

**CERTIFICATION/AFFIRMATION OF MAILING**

EDWARD RIMLAND, ESQ., being duly sworn, affirms and says that your deponent is not a party to this action, is over 18 years of age and resides in NASSAU, New York.

That on the 14<sup>th</sup> Day of September 2009, deponent served the within **RESPONSE TO DEBTOR'S OMNIBUS OBJECTION OF CLAIMS AND A REQUEST FOR A HEARING**

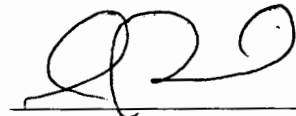
to the following persons:

TO: SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP  
One Rodney Square  
Post Office Box 636  
Wilmington, Delaware 19899-0636  
Attention: Gregg M. Galardi  
Ian S. Fredericks

SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP  
155 North Wacker Drive  
Chicago, Illinois 60606  
Attention: Chris L. Dickerson

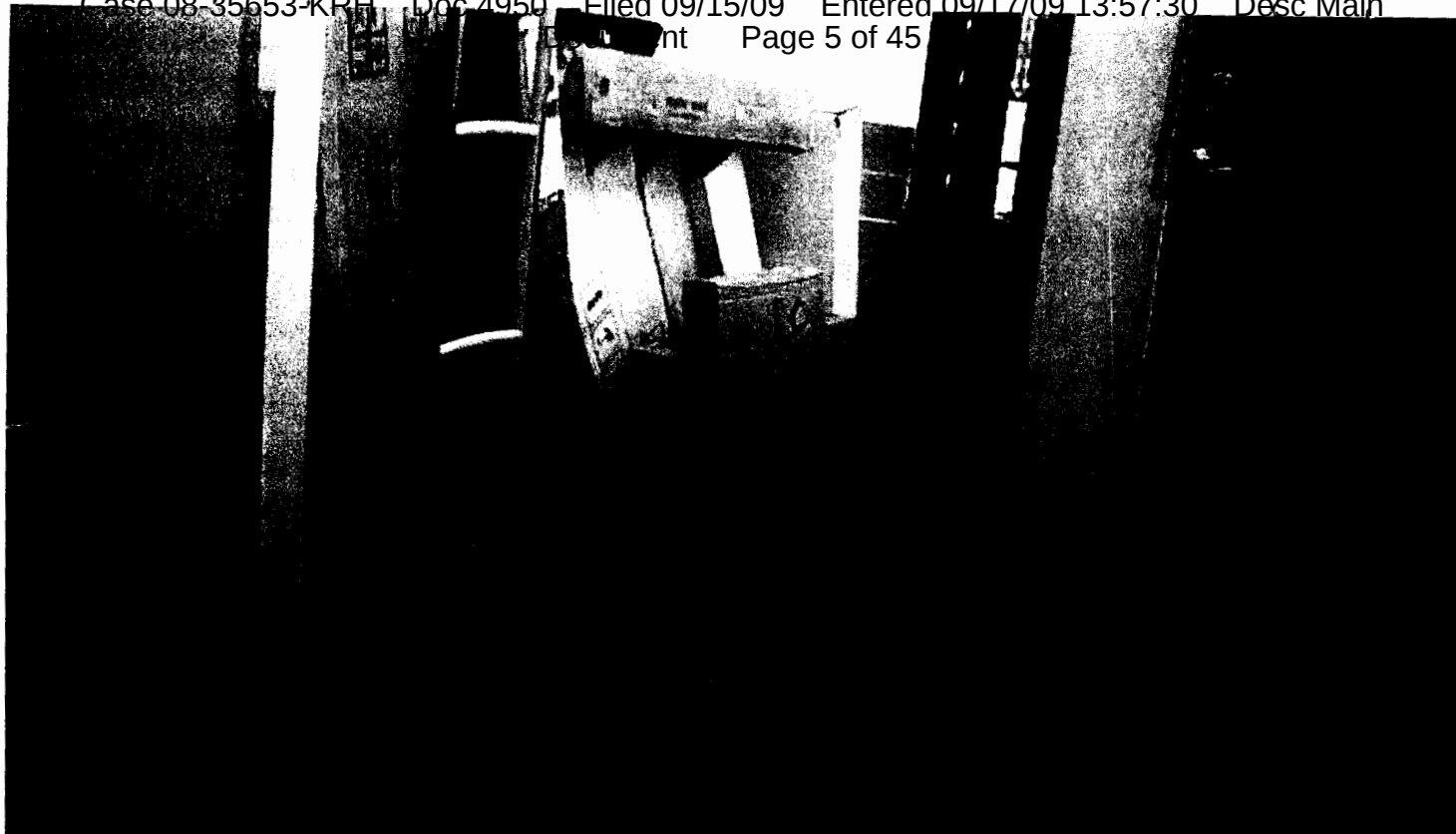
MCGUIREWOODS, LLP  
One James Center  
901 E. Cary Street  
Richmond, Virginia 23219  
Attention: Dion W. Hayes  
Douglas M. Foley

By FIRST CLASS MAIL, by depositing a true copy of same, enclosed in a postpaid properly addressed envelope, in an official depository under the exclusive care and custody of the United States Post Office Department within the State of New York.



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EDWARD RIMLAND, ESQ.  
Attorney for Claimant  
KHANAM FATIMA AKHTER



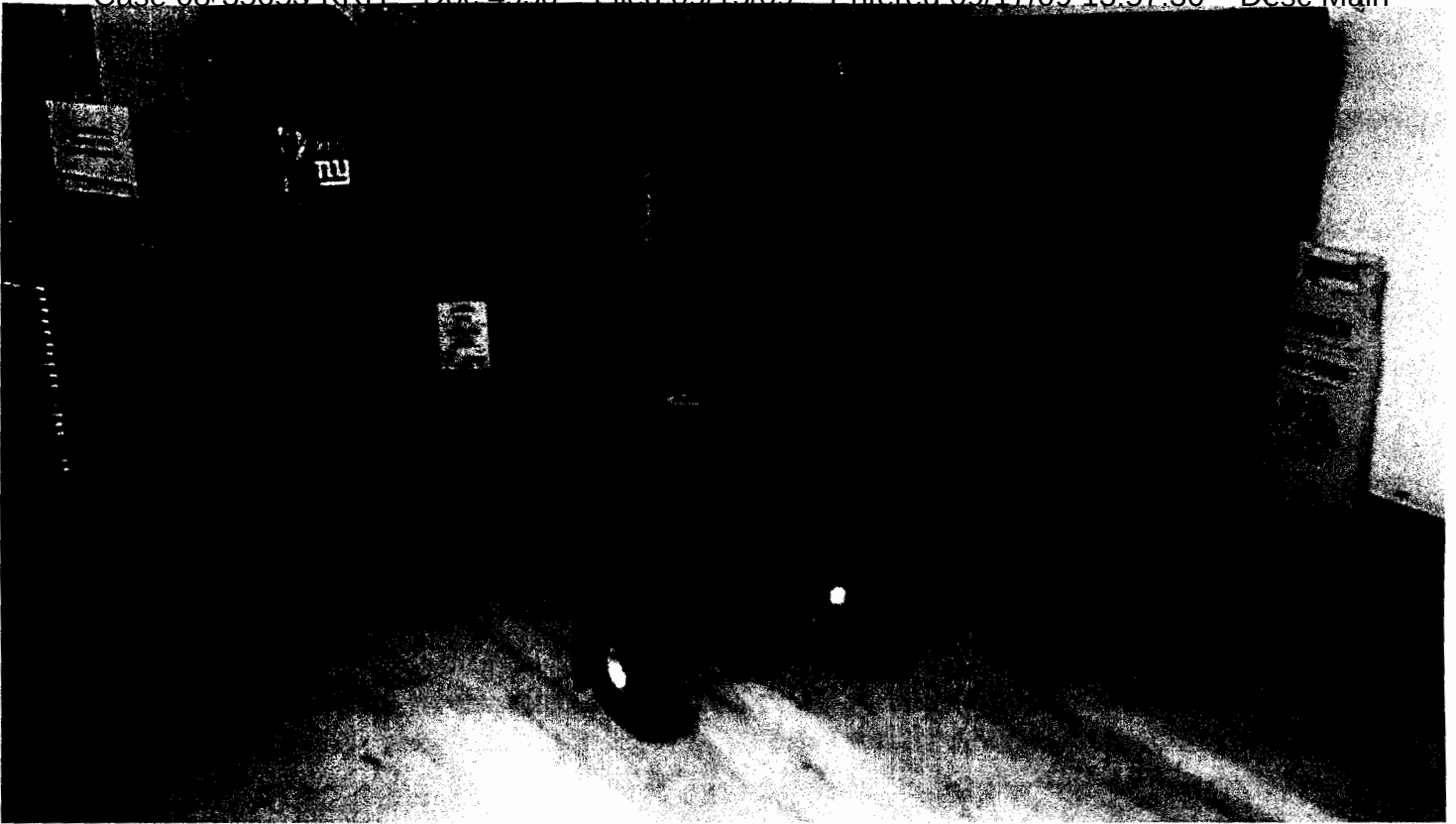
Khanan Akhter-Pictures taken 3/30/08



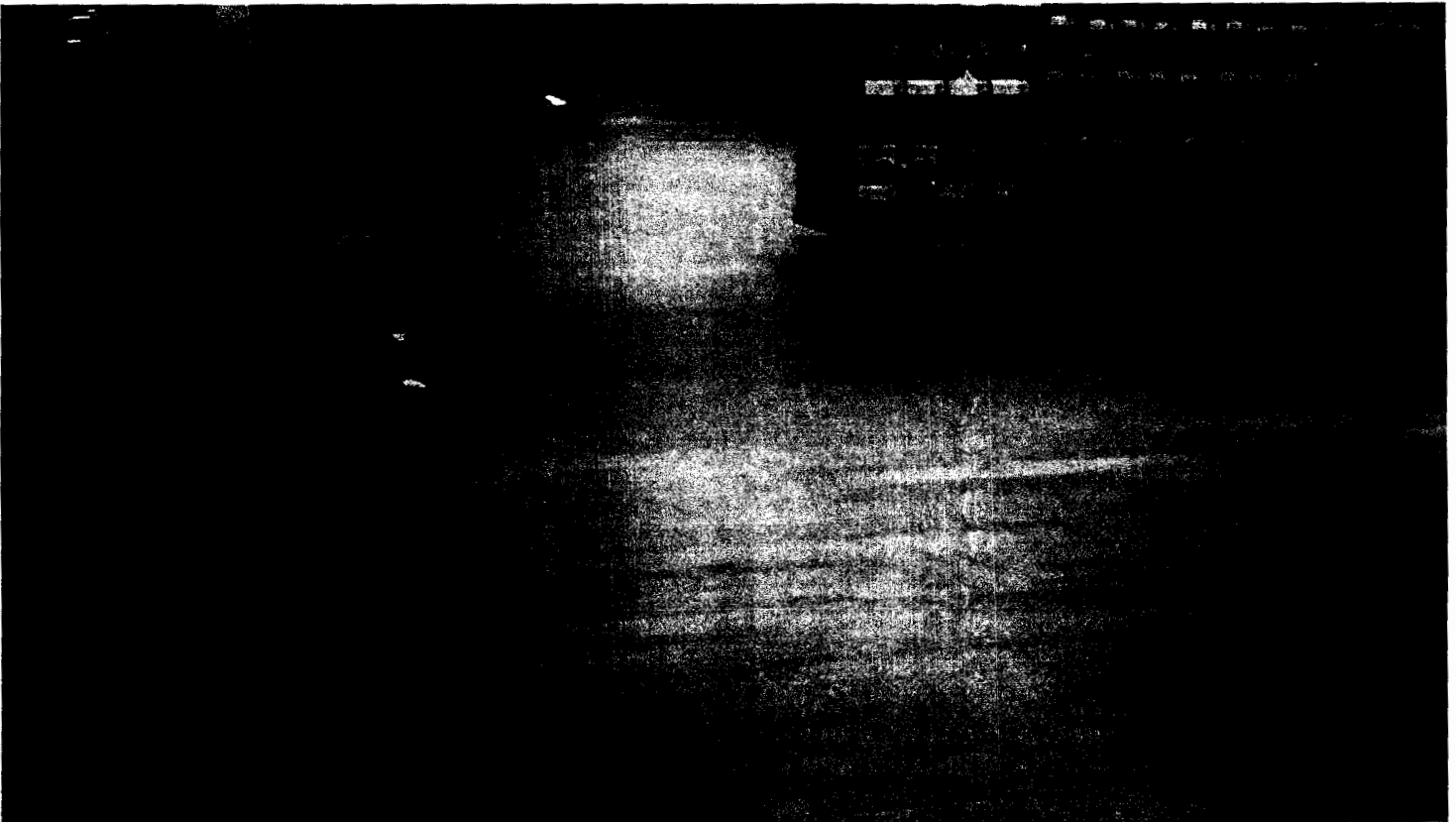


Khanan Akhter-Pictures taken 3/30/08





Khanan Akhter-Pictures taken 3/30/08

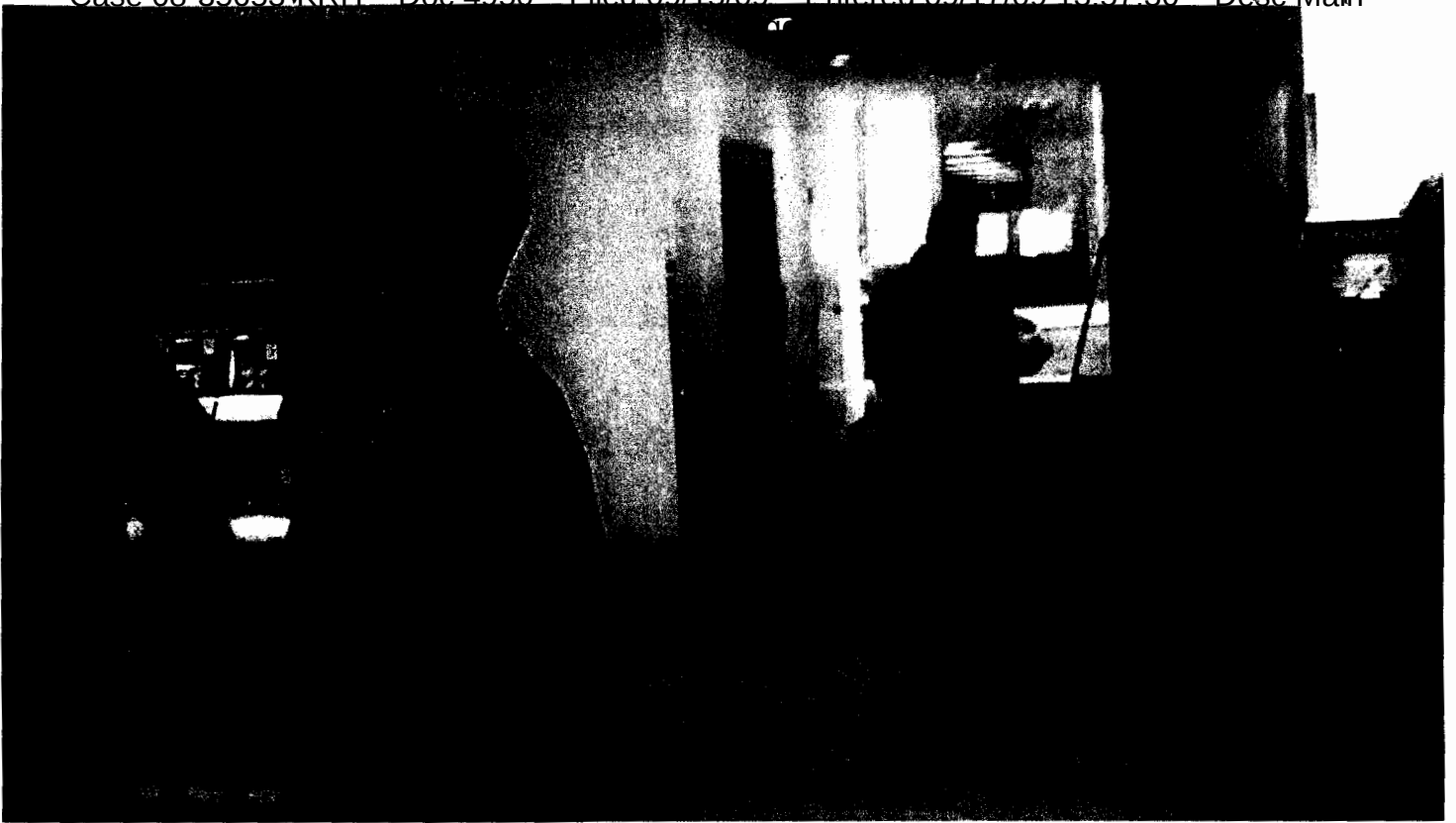




Khanan Akhter-Pictures taken 3/30/08







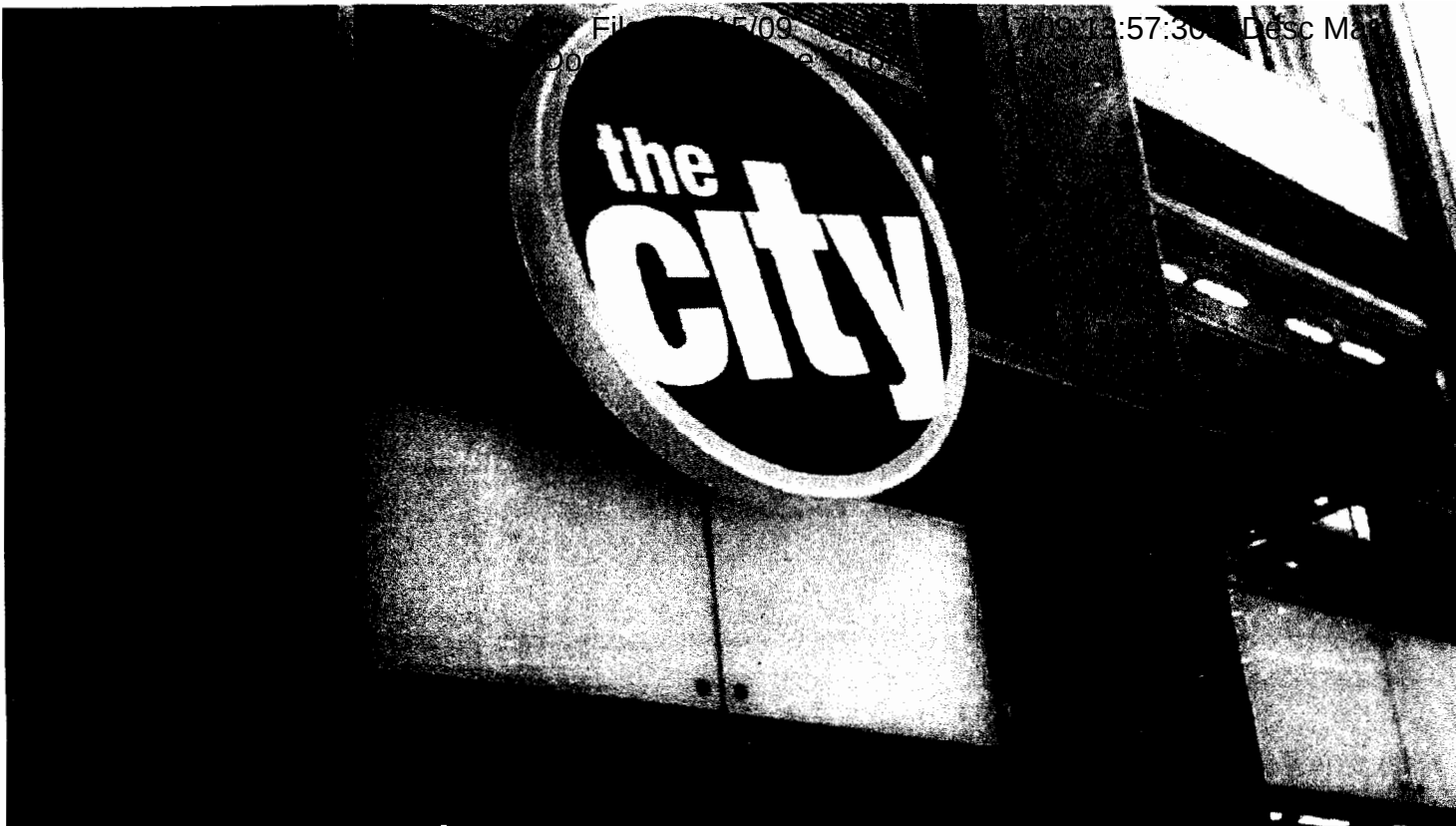
Khanan Akhter-Pictures taken 3/30/08





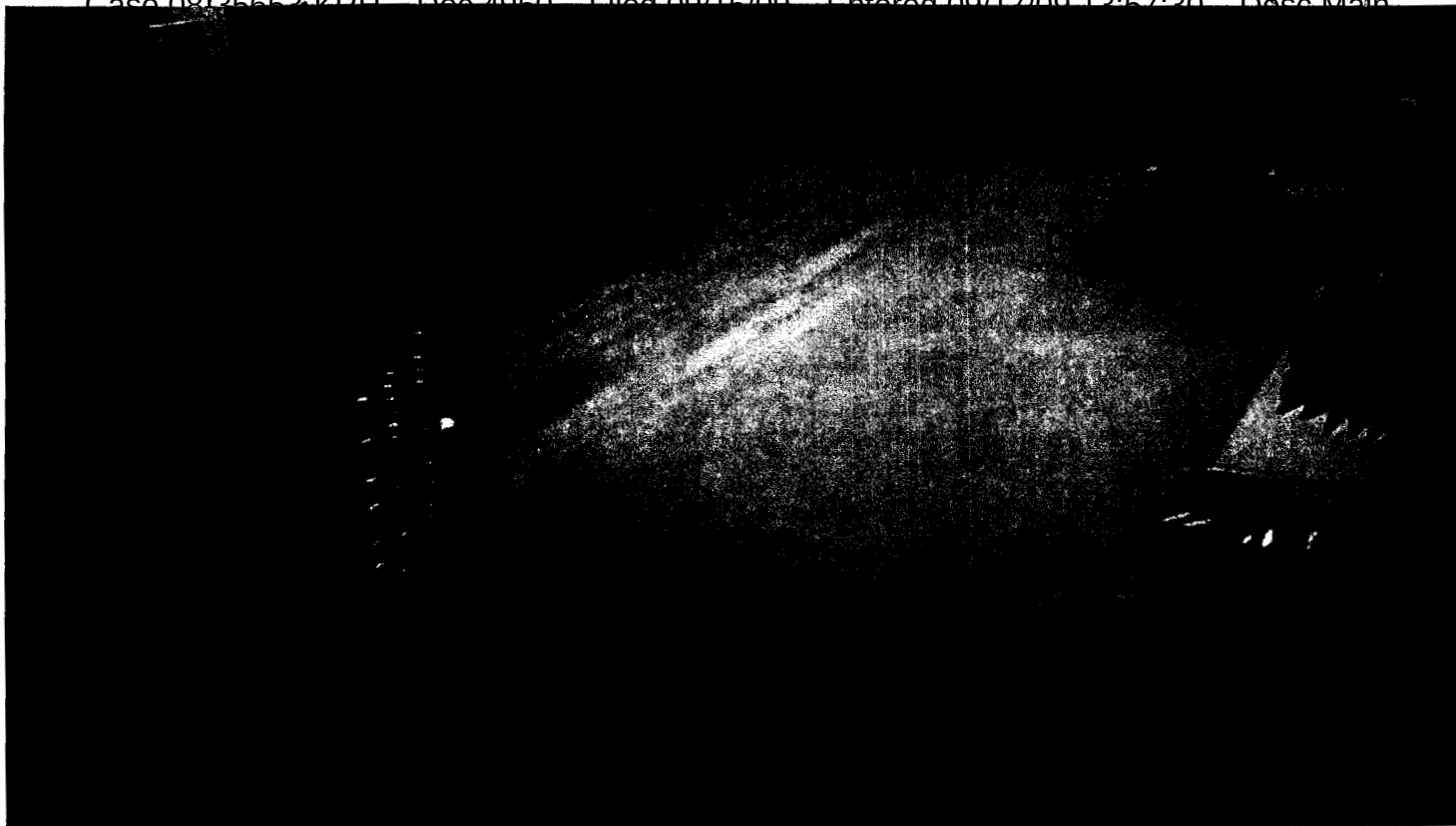
Khanan Akhter-Pictures taken 3/30/08





Khanan Akhter-Pictures taken 3/30/08





Khanan Akhter-Pictures taken 3/30/08



**KLS Medical P.C.**

Dr. Xiaowei Zhang, M.D.  
37-41 77<sup>th</sup> Street  
Jackson Heights, NY, 11372  
Tel: (718) 505-1420 Fax: (718) 505-1428

**Patient:** Akhter Khanam F.  
**D.O.A.:** March 12<sup>th</sup>, 2008  
**D.O.S.:** March 26<sup>th</sup>, 2008

**HISTORY OF PRESENT ILLNESS:** The patient is a 68 year-old female, who was in her usual state of health until March 12<sup>th</sup>, 2008, the patient stated that she went to Circuit City for shopping and she accidentally fell on a carrying cart and injured her right ankle. Later she went to Bellvue Hospital Emergency Room where the doctor cleaned the wound on the right ankle. After 4 days she had an x-ray of the right ankle, revealing no fracture.

**CURRENT COMPLAINTS:**

- Neck pain.
- Back pain.
- Pain in bilateral shoulders.
- Pain in bilateral wrists.
- Severe pain in the right ankle, radiating to both knees and groin area.

**MEDICATIONS:** Cozaar 100mg- taken daily, Glyburide Metformin 500mg, and Metformin 500mg.

**ALLERGIES:** The patient has no known drug allergies.

**PAST MEDICAL HISTORY:** DM, IITN, Hyperlipidemia.

**PAST SURGICAL HISTORY:** None.

**PREVIOUS INJURIES:** None.

**FAMILY HISTORY:** The patient denies.

**REVIEW OF SYSTEMS:**

All systems reviewed were within normal limits. The following information was obtained

**HEENT:** None.

**Pulmonary:** None.

**Heart & Vascular:** None.

**GI:** The patient denies bowel symptoms.

~~SU~~: The patient denied bladder symptoms. He denies sexual dysfunction.

**Neuromuscular System:** None.

**Musculoskeletal:** None.

**General/Constitutional:** The patient denied fever or weight loss.

**Endocrine:** None.

**Integument:** None.

**PHYSICAL EXAMINATION:**

**HEENT:**

HEENT is normal.

**Lungs:**

Lungs are clear.

**Heart:**

Heart had regular rate and rhythm.

**Abdomen:**

Abdomen is soft and non-tender. There are normal bowel sounds.

**Extremities:**

Extremities are without clubbing, cyanosis or edema.

**Cervical Spine:**

There is no cervical paraspinal tenderness and spasm.

**Lumbar Spine:**

There is no paraspinal tenderness and spasm.

**Extremities:**

**Wrist:**

Examination of bilateral wrists revealed no swelling or pain.

**Ankle/Foot:**

Examination of the right ankle area revealed pain with small open wound and minimal discharge. There is mild swelling in right outer aspect.

Range of Motion	Normal	Patient (Right)
Dorsi - Flexion	20°	20°
Plantar Flexion	40°	35°

**NEUROLOGICAL EXAMINATION:****Cognitive:**

The patient is awake, alert and oriented.

**Cranial Nerves:**

Cranial nerve examination was performed on CN II-XII and no abnormalities were detected.

**Tone:**

Tone is normal.

**Deep Tendon Reflexes (DTR)**

[Rated on a scale from 0 to +4 with +2 being normal]:

<b>Biceps:</b>	Right + 2	Left + 2
<b>Brachioradialis:</b>	Right + 2	Left + 2
<b>Triceps:</b>	Right + 2	Left + 2
<b>Patella:</b>	Right + 2	Left + 2
<b>Achilles:</b>	Right + 2	Left + 2

**DEGREE OF DISABILITY:**

The patient is temporary partially disabled.

**PRELIMINARY DIAGNOSIS:**

1. Sprain of the right ankle.

**PLAN OF MANAGEMENT:**

Patient is instructed about certain limitations of his activities.

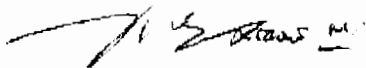
- MRI of the right ankle; to rule out ligament tear.
- Advised the continuation of the chiropractic treatment of neck and back.
- Physical Therapy will applied to the right ankle and will be provided 3-4 times a week and will include the following modalities:
  1. Hot pack application 10-15 minutes/area, 3-5 times a week.
  2. Ultrasounds with thermal intensity at lower, medium, higher frequencies continuous cycle of 1 to 1.5 watt/sq. cm, 5-7 minutes/area, 3-4 times a week.
  3. Biphasic current electrical stimulation of 10HZ continuous cycle, sensory intensity at 250-400 micro sec., 0.5 amps, 10-15 minutes, 3-5 times a week.
  4. High voltage pulsed electrical stimulation at 50HZ 10/10 cycle +/- alternating polarity 0.5 amps, 10 minutes, 3-4 times a week.
  5. Ice Packs
  6. Range of motion therapeutic exercises on cervical and lumbar spine including stretching exercises.
  7. ROM exercises to the ankle including stretching exercises.

**RECOMMENDATION:**

At present time the prognosis are / remain guarded.

- Follow-up examination in 4 weeks.
- Continue physical therapy as prescribed.

Sincerely,



Dr. Xiaomei Zhang, M.D.



## **Yongming Mao Physician, P.C.**

Dr. Yongming Mao M.D.  
Neurologist & Clinical Neurophysiologist  
37-41 77<sup>th</sup> Street  
Jackson Heights, NY, 11372  
Tel: (718) 505-1420 Fax: (718) 505-1428

**Patient:** Akhter, Khanam F.

**D.O.A.:** March 12<sup>th</sup>, 2008

**D.O.S.:** April 14<sup>th</sup>, 2008

**HISTORY OF PRESENT ILLNESS:** The patient is a 68 year-old female, who was in her usual state of health until March 12<sup>th</sup>, 2008 when she was involved in a slip and fall accident. She tripped at noon time in Circuit City because of a wagon cart and fell half way due to arms supported her; injuring her right ankle and contusion. Patient later went to Bellevue Hospital and had stitches; she stayed for 2-3 hours. The contusion healed in 2-3 weeks.

### **CURRENT COMPLAINTS:**

- Neck pain.
- Pain in bilateral shoulders.
- Pain in bilateral elbows.
- Pain in bilateral wrists & hands.
- Pain in bilateral knees.
- Pain in bilateral ankles.

**MEDICATIONS:** None.

**ALLERGIES:** Seasonal Allergy & Dust.

**PAST MEDICAL HISTORY:** DM (2 medications), HTN, Lipid.

**PAST SURGICAL HISTORY:** Fibroid Surgery.

**PREVIOUS INJURIES:** None.

**FAMILY HISTORY:** Dad died due to CVA & Mom died due to DM & Asthma.

### **REVIEW OF SYSTEMS:**

All systems reviewed were within normal limits. The following information was obtained:

**HEENT:** None.

**Pulmonary:** None.

**Heart & Vascular:** None.

**GI:** The patient denies bowel symptoms.

**GU:** The patient denied bladder symptoms. He denies sexual dysfunction.

**Neuromuscular System:** None.

**Musculoskeletal:** None.

**General Constitutional:** The patient denied fever or weight loss.

**Endocrine:** None.

**Integument:** None.

**PHYSICAL EXAMINATION:**

**HEENT:**

HEENT is normal.

**Lungs:**

Lungs are clear.

**Heart:**

Heart has regular rate and rhythm.

**Abdomen:**

Abdomen is soft and non-tender. There are normal bowel sounds.

**Extremities:**

Extremities are without clubbing, cyanosis or edema.

**Cervical Spine:**

Mild limitation of motion; decreased by 10-20%.

Range of Motion	Normal	Patient	% Loss of Range
Flexion	50°	40°	20%
Extension	60°	48°	20%
Right Lateral Flexion	45°	36°	20%
Left Lateral Flexion	45°	36°	20%
Right Rotation	80°	64°	20%
Left Rotation	80°	64°	20%

**Lumbar Spine:**

Range of motion is decreased by 10-20%.

Range of Motion	Normal	Patient	% Loss of Range
Flexion	90°	72°	20%
Extension	25°	20°	20%
Right Lateral Flexion	25°	20°	20%
Left Lateral Flexion	25°	20°	20%
Sacral Hip Flexion	45°	35°	20%

## Extremities:

### Shoulder:

Range of motion is decreased by 10-20%. **Motor strength is 5/5.**

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Forward Elevation	150°	120°	120°	20%
Abduction	150°	120°	120°	20%
Adduction	30°	24°	24°	20%
Internal Rotation	80°	64°	64°	20%
External Rotation	90°	72°	72°	20%

### ELBOW:

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**  
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Flexion - Extension	150°	120°	120°	20%
Supination	80°	64°	64°	20%
Pronation	80°	64°	64°	20%

### WRIST / HANDS:

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**  
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Dorsiflexion	60°	48°	48°	20%
Palmar Flexion	60°	48°	48°	20%
Radial Deviation	20°	16°	16°	20%
Ulnar Deviation	30°	24°	24°	20%

### HIP:

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**  
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Forward Flexion	100°	80°	80°	20%
Rotation - Interior	40°	32°	32°	20%
Rotation - Exterior	50°	40°	40°	20%

**KNEE:**

Range of motion is decreased by 10-20%. **Muscle strength is 5/5 all over.**  
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Flexion	135°	108°	108°	20%
Flexion - Extension	150°	120°	120°	20%

**ANKLE / FOOT:**

Range of motion is decreased by 20-30%. **Muscle strength is 5/5 all over.**  
There is no muscle atrophy noted.

Range of Motion	Normal	Patient (Left)	Patient (Right)	% Loss of Range
Dorsi - Flexion	20°	14°	14°	30%
Plantar - Flexion	40°	28°	28°	30%

**NEUROLOGICAL EXAMINATION:**

**Cognitive:**

The patient is awake, alert and oriented.

**Cranial Nerves:**

Cranial nerve examination was performed on CN II-XII and no abnormalities were detected.

**Tone:**

Tone is normal.

**Muscle Strength:**

Muscle evaluation was performed on this patient. Evaluation for motor distribution reveals the following:  
All muscles tested were within normal limits.

**DEGREE OF DISABILITY:**

The patient is temporary partially disabled.

**PRELIMINARY DIAGNOSIS:**

1. Status post fall.
2. Cervical spine derangement.
3. Lumbar spine derangement.
4. Internal derangement, bilateral shoulders.
5. Internal derangement, bilateral elbows.
6. Internal derangement, bilateral wrists.
7. Internal derangement, bilateral hips.
8. Internal derangement, bilateral knees.
9. Internal derangement, bilateral ankles.

**PLAN OF MANAGEMENT:**

Patient is instructed about certain limitations of **her** activities.

- MRI of the Cervical Spine; to rule out discogenic injury.
- Physical Therapy will applied shoulders, elbows, wrists, hips, knees & ankles and will be provided 3-4 times a week and will include the following modalities:
  1. Hot pack application 10-15 minutes/area, 3-5 times a week.
  2. Electrical stimulation nerve block.
  3. Range of motion therapeutic exercises on lumbar spine including stretching exercises.
  4. ROM exercises to the shoulders, elbows, wrists, hips, knees & ankle including stretching exercises.

**RECOMMENDATION:**

At present time the prognosis are / remain guarded.

- Follow-up examination in 4 weeks.
- Continue physical therapy as prescribed.

Sincerely,



---

Dr. Yongning Mao, M.D.

## **Yongming Mao Physician P.C.**

**Dr. Yongming Mao, M.D.**

Neurologist & Clinical Neurophysiologist

37-41 77<sup>th</sup> Street

Jackson Heights NY 11372

Tel: (718)505-1420 Fax: (718)505-1428

**Patient** Akhter, Khanamm

**DOB:** 10/12/1939

**D/A:** 03/12/08

**D/E:** 07/14/08

### **REEVALUATION REPORT**

Ms. Akhter, Khanam is a 68 year old female who was involved in a slip and fall accident on March 12<sup>th</sup> 2008. Initially she was diagnosed with cervical spine derangement, lumbar spine derangement, internal derangement of bilateral shoulders, internal derangement of bilateral elbows, internal derangement of bilateral wrists, internal derangement bilateral hips, internal derangement bilateral knees and internal derangement bilateral ankles. Patient denies any bladder and bowel dysfunction. The patient has been receiving physical therapy and chiropractic care with relief.

#### **Present Complaints:**

On July 14<sup>th</sup>, 2008, the patient returns for a follow-up today and continues to complain of pain in the neck, back. Patient also complains of pain in the shoulders, elbows, wrists, hips, knees and ankles.

#### **Physical Examination:**

**Cervical Spine:** Examination of the paracervical revealed pain but better with full range of motion.

**Lumbar Spine:** Examination of the paralumbar revealed pain but better with full range of motion.

**Shoulder:** Examination of the shoulders revealed pain but better with full range of motion.

**Elbow:** Examination of the elbows revealed pain but better with full range of motion.

**Wrist:** Examination of the wrists r revealed pain but better with full range of motion.

**Hip:** Examination of the hips revealed pain but better with full range of motion.

**Knee:** Examination of the knees revealed pain but better with full range of motion.

**Ankle:** Examination of the ankles revealed pain but better with full range of motion.

#### **Impression:**

- Post traumatic cervical sprain and clinical radiculopathy.
- Post traumatic Lumbosacral sprain and clinical radiculopathy.

- Post traumatic internal derangement, bilateral shoulders.
- Post traumatic internal derangement, bilateral elbows.
- Post traumatic internal derangement, bilateral wrists.
- Post traumatic internal derangement, bilateral hips.
- Post traumatic internal derangement, bilateral knees.
- Post traumatic internal derangement, bilateral ankles.

**Plan:**

PT program carried out 3-4xs weekly to relieve pain and muscle spasm, increased ROM and muscle strength and achieve structural integrity.

EMG/NCV of the upper and lower extremities; to rule out radiculopathy.

Home exercise is reviewed and emphasized.

The patient is advised to return for a follow up in 4 weeks.

**Degree of Disability:**

- The patient is temporary totally disabled.

Respectfully submitted,



Dr. Yongning Mao, MD

## **Yongming Mao Physician P.C.**

**Dr. Yongming Mao, M.D.**

Neurologist & Clinical Neurophysiologist

37-41 77<sup>th</sup> Street

Jackson Heights NY 11372

Tel: (718)505-1420 Fax: (718)505-1428

**Patient:** Akhter, Khanamm

**DOB:** 10/12/1939

**D/A:** 03/12/08

**D/E:** 08/25/08

### **REEVALUATION REPORT**

Ms. Akhter, Khanam is a 68 year old female who was involved in a slip and fall accident on March 12<sup>th</sup>, 2008. Initially she was diagnosed with cervical spine derangement, lumbar spine derangement, internal derangement of bilateral shoulder, internal derangement of bilateral elbows, internal derangement of bilateral wrists, internal derangement bilateral hips, internal derangement bilateral knees and internal derangement bilateral ankles. Patient denies any bladder and bowel dysfunction. The patient has been receiving physical therapy and chiropractic care with relief.

#### **Present Complaints:**

On August 25<sup>th</sup>, 2008, the patient returns for a follow-up today and continues to complain of pain in the neck, back. Patient also complains of pain in the shoulders, elbows, wrists, hips, knees and ankles.

#### **Physical Examination:**

**Cervical Spine:** Examination of the paracervical revealed pain but better with full range of motion.

**Lumbar Spine:** Examination of the paralumbar revealed pain but better with full range of motion.

**Shoulder:** Examination of the shoulders revealed pain but better with full range of motion.

**Elbow:** Examination of the elbows revealed pain but better with full range of motion.

**Wrist:** Examination of the wrists revealed pain but better with full range of motion.

**Hip:** Examination of the hips revealed pain but better with full range of motion.

**Knee:** Examination of the knees revealed pain but better with full range of motion.

**Ankle:** Examination of the ankles revealed pain but better with full range of motion.

#### **Impression:**

- Post-traumatic cervical sprain and clinical radiculopathy.
- Post-traumatic Lumbosacral sprain and clinical radiculopathy.



- Post traumatic internal derangement, bilateral shoulders.
- Post traumatic internal derangement, bilateral elbows.
- Post traumatic internal derangement, bilateral wrists.
- Post traumatic internal derangement, bilateral hips.
- Post traumatic internal derangement, bilateral knees.
- Post traumatic internal derangement, bilateral ankles.

**MRI****Cervical Spine:**

- Diffuse posterior bulging disc C3-C4, C4-C5, C5-C6 and C6-C7 is identified deforming the thecal sac and spinal cord diffusely.
- Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified at the C3-C4, C4-C5, C5-C6, C6-C7 and to a lesser extent the C2-C3 and C7-T1 disc space levels. The residual neuroforamen are adequate.
- Loss of normal disc signal intensity and height is identified from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level.
- Heterogeneous signal intensity is identified from the vertebral bodies.
- Clinical and hematologic correlation is suggested.
- Straightening of the mid and lower cervical curvature is noted.

**Plan:**

PT program carried out 3-4xs weekly to relieve pain and muscle spasm, increased ROM and muscle strength and achieve structural integrity.

MRI of bilateral shoulders; to rule out rotator cuff tear /ligament tear.


Home exercise is reviewed and emphasized.

The patient is advised to return for a follow up in 4 weeks.

**Degree of Disability:**

The patient is temporarily partially disabled.

Respectfully submitted

  
\_\_\_\_\_  
Dr. Yongning Mao, MD

**Patient** Akhter, Khanam  
**DOB:** 10/12/1939

**D/A:** 03/12/08  
**D/E:** 09/22/08

### REEVALUATION REPORT

Ms. Akhter, Khanam is a 68 year old female who was involved in a slip and fall accident on March 12<sup>th</sup> 2008. Initially she was diagnosed with cervical spine derangement, lumbar spine derangement, internal derangement of bilateral shoulders, internal derangement of bilateral elbows, internal derangement of bilateral wrists, internal derangement bilateral hips, internal derangement bilateral knees and internal derangement bilateral ankles. Patient denies any bladder and bowel dysfunction. The patient has been receiving physical therapy and chiropractic care with relief.

#### **Present Complaints:**

On September 22<sup>nd</sup>, 2008, the patient returns for a follow-up today and continues to complain of pain in the neck, back. Patient also complains of pain in the shoulders, elbows, wrists, hips, knees and ankles.

#### **Physical Examination:**

**Cervical Spine:** Examination of the paracervical revealed pain but better with full range of motion.

**Lumbar Spine:** Examination of the paralumbar revealed pain but better with full range of motion.

**Shoulder:** Examination of the shoulders revealed pain but better with full range of motion.

**Elbow:** Examination of the elbows revealed pain but better with full range of motion.

**Wrist:** Examination of the wrists r revealed pain but better with full range of motion.

**Hip:** Examination of the hips revealed pain but better with full range of motion.

**Knee:** Examination of the knees revealed pain but better with full range of motion.

**Ankles:** Examination of the ankles revealed pain but better with full range of motion.

**Impression:**

- Post traumatic cervical sprain and clinical radiculopathy.
- Post traumatic lumbosacral sprain and clinical radiculopathy.
- Post traumatic internal derangement, bilateral shoulders.
- Post traumatic internal derangement, bilateral elbows.
- Post traumatic internal derangement, bilateral wrists.
- Post traumatic internal derangement, bilateral hips.
- Post traumatic internal derangement, bilateral knees.
- Post traumatic internal derangement, bilateral ankles.

**MRI****Cervical Spine:**

- Diffuse posterior bulging disc C3-C4, C4-C5, C5-C6 and C6-C7 is identified deforming the thecal sac and spinal cord diffusely.
- Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified at the C3-C4, C4-C5, C5-C6, C6-C7 and to a lesser extent the C2-C3 and C7-T1 disc space levels. The residual neuroforamen are adequate.
- Loss of normal disc signal intensity and height is identified from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level.
- Heterogeneous signal intensity is identified from the vertebral bodies. Clinical and hematologic correlation is suggested.
- Straightening of the mid and lower cervical curvature is noted.

**Plan:**

PT program carried out 3-4xs weekly to relieve pain and muscle spasm, increased ROM and muscle strength and achieve structural integrity.

MRI of bilateral shoulders; to rule out rotator cuff tear /ligament tear.

MRI of the left knee; to rule out ligament tear.

Home exercise is reviewed and emphasized.

The patient is advised to return for a follow up in 4 weeks.

**Degree of Disability:**

The patient is temporary partially disabled.

Respectfully submitted

  
\_\_\_\_\_  
Dr. Yongning Mao, MD

**BROMER MEDICAL, P.C.***Albert Ciancimino, M.D., Medical Director*Med. Prov. 321471  
Tax ID 61-1413188CENTER: 8304/22614  
NAME: FATIMA AKHTER-KHANAM  
OD/DOB#: OD29A/10-12-39DATE OF SERVICE: 8-18-08  
REF. BY: DR. ELCOCK  
REPORT: 8-19-08**MRI EXAMINATION OF THE CERVICAL SPINE:**

Partial saturation sequence sagittal images of the cervical spine were obtained using a TR of 450 and a TE of 14ms. T2 weighted sagittal images of the cervical spine were obtained using a TR of 3000 and a TE of 115.5ms. Partial saturation sequence axial images of the cervical spine from C2 through T1 were obtained using a TR of 600 and a TE of 15ms.

Examination of the sagittal images demonstrates loss of normal disc signal intensity and height from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level. Heterogeneous signal intensity is identified from the vertebral bodies. Clinical and hematologic correlation is suggested. The vertebral body heights are preserved. Straightening of the mid and lower cervical curvature is noted. Anterior extradural defects are identified at the C3-C4, C4-C5, C5-C6 and C6-C7 disc space interspace levels. No other significant anterior extradural defect is demonstrated. The remainder of the visualized thecal sac and spinal cord demonstrates no evidence of structural abnormality. The bony spinal canal is of normal size and configuration. The paravertebral soft tissues are intact.

The foramen magnum region is unremarkable. There is no evidence of inferior cerebellar tonsillar ectopia.

Examination of the axial images demonstrates no significant anterior extradural defects from the C2-C3 nor C7-T1 disc interspace levels. The visualized thecal sac and spinal cord demonstrates no evidence of structural abnormality. The bony spinal canal is of normal size and configuration. The residual neuroforamen are adequate. Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified.

The C3-C4, C4-C5, C5-C6 and C6-C7 disc space levels demonstrate diffuse posterior bulging discs deforming the thecal sac and spinal cord diffusely. The bony spinal canal is normal size and configuration. The residual neuroforamen are adequate. Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified.

**BROMER MEDICAL, P.C.***Albert Ciancimino, M.D., Medical Director*Med. Prov. 321421  
Tax ID 61-1413138Page ~~two~~ . . .RE: Fatima Akhter-Kharam  
MRI of the Cervical Spine, 8-18-08

The visualized paravertebral soft tissues are intact.

IMPRESSION: 1. Diffuse posterior bulging disc C3-C4, C4-C5, C5-C6 and C6-C7 is identified deforming the thecal sac and spinal cord diffusely. 2. Hypertrophic changes of the bilateral zygapophyseal joints and joints of Luschka is identified at the C3-C4, C4-C5, C5-C6, C6-C7 and to a lesser extent the C2-C3 and C7-T1 disc space levels. The residual neuroforamen are adequate. 3. Loss of normal disc signal intensity and height is identified from all visualized intervertebral disc space levels most marked at the C5-C6 disc space level. 4. Heterogeneous signal intensity is identified from the vertebral bodies. Clinical and hematologic correlation is suggested. 5. Straightening of the mid and lower cervical curvature is noted.

RSS/td

*Robert Scott Schepp MD*Robert Scott Schepp, M.D.  
Neuroradiologist  
Board Certified Radiologist8304 5th Avenue, BKLYN, N.Y. 11209  
Tel: 718-680-0900 Fax: 718-680-4403

**BELLEVUE HOSPITAL CENTER EMERGENCY MEDICAL SERVICES**

NO 07214395636	EMERGENCY ADULT EMERGENCY	CODE 000	REF SOURCE	REG DATE AND TIME 03/12/2008 10:01PM	REG BY SM
DATE AND TIME	PRCT	BADGE NO.	SOCIAL SECURITY NO. 593-90-6028	M/S D	SEX F
			RELIGION ISL	RACE E	DATE OF BIRTH 10/12/1939
			AGE 68Y	BIRTHPLACE BO	
PATIENT EMPLOYMENT			PERSON TO BE NOTIFIED		
KHANAM-FATIMA SIDE PLAZ APT/FLOOR 26F NY 10016 COUNTY 060 -256-1731 CODE			RELATIONSHIP HOME PHONE BUSINESS PHONE		
GUARANTOR EMPLOYMENT			SOURCE REF		
Khanam-Fatima SIDE PLAZ APT/FLOOR 26F NY 10016 REL CODE 593-90-6028 PHONE			HSHLD COMP EDUC WKLY INC NO DEP		
			# SIBLINGS PREV BELL ADM		
NO	SUFFIX	B7	PLAN CODE	MEDICAID NO	LINE NO.
					EXP. DATE
					PLAN CODE
					FEE CODE
					AMOUNT
					C/R
					P/T
					SERVICE EMR
SUFFIX			CONTRACT HOLDER		
PLAN CODE			POLICY NO.		
ID ADDRESS			GROUP NO.		
			MMIS INS CODE		

UNION NAME

MED EVAL  
LOCAL NO.**BELLEVUE HOSPITAL CENTER  
EMERGENCY DEPARTMENT TRIAGE NOTE**PATIENT CLASSIFICATION: ☐ EMERGENT ☐ URGENT ☒ NOT URGENTDO YOU HAVE A PRIMARY CARE PROVIDER AT BELLEVUE OR ELSEWHERE? ☒ Y ☐ NDATE: 3/12/08  
NAME: AKHTER, KHANAM FATIMA☒ AES I ☐ ROOM 113 ☐ ASTHMA ROOM ☐ AES II ☐ OB ☐ ISOLATIOND.O.B.: 10/12/39 ☐ M ☒ FD.V. ☐ YES ☒ NO S.W. ☐ YES ☒ NO

## Patient Statement / Assessment

## PAIN SCALE

Abdominal pain to RLE above the  
spot this afternoon

No Pain	Mild	Moderate	Severe	Worst Pain
0	1	2	3	4
5	6	7	8	9
10				

Preferred Language: Beng

Past Medical History: HTN, Cholesterol

Medications: Synthroid, Metformin, Hygaur.

Last Tetanus

ALLERGIES

denies

RN Signature

Time 9:45 P

TIME	9:45																		
BP	181/81																		
HR	95																		
RR	20																		
Temp	98																		
SaO2	98																		
FS	97																		
PEF																			
PAS	8																		

BEL-149 (REV. 8/01)

## REVIEW OF SYSTEMS

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## REVIEW OF SYSTEMS

Case 08-35653-KRH

Doc 4950

Filed 09/15/09

Entered 09/17/09

13:57:30

Desc Main

CONST: Fever / Weight Loss / Neg

GI:

Vom / Diarr / BR

Page 1 of 45

Rash / Pruritis / Bruising / Neg

VISUAL: Cataracts / Glaucoma / Neg

ENDO: Diabetes / Thyroid Dysfun / Neg

NEURO: Memory Loss / HA / SZ / Neg

CARD: CP / DOE / PND / Neg

GU: Dysuria / Frequency / Hematuria / Neg

HEME: Epistaxis / Bruising / Neg

PULM: SOB / Cough / Sputum / Neg

MSKL: Arthritis / Back Pain / Neg

PSYCH: Depression / SI / HI / Neg

☐ System Review Otherwise unremarkable☐ Pt Unable to provide HistoryCardiac RF: ☐ HTN☐ DM☐ Chol☐ TOB☐ FmHxHISTORY FROM: ☐ No Other Source Available☐ Interpreter Required☐ Family☐ Friend/Police☐ Paramedics☐ Other:

TIME:

PHYSICIAN'S NOTES

GEN: ☒ Alert☒ WDOWN☒ NAD☐ No pallor☐ VS ReviewedEYES: ☐ EOMI☐ PERRL☐ Conj/Lids WNLENT: ☐ O-P WNL☐ TM'S WNL☐ No septal hematomaCV: ☐ RRR☐ No murmurs gallops/rubs☐ No JVD PresentRESP: ☐ CTA☐ No wheezes/rhonchi/rales☐ No retractionsGI: ☐ Non-tender☐ Non-distended☐ No Masses☐ BS WNL☐ No organomegaly☐ Rectal: Heme negGU: Scrotum: ☐ No masses☐ Non-tender☐ No penile DCPELVIC: ☐ EXT GEN WNL☐ Vagina WNL☐ Adnexa WNL☐ No CMT

MSKL: HEAD

☐ No evidence of trauma/facial traumaNECK: ☐ No Meningismus☐ Non-tender midlineBACK: ☐ No CVAT☐ Non-tenderEXT: ☐ No C/C/E☐ Radial/Pedal pulses WNL☐ Full ROMSKIN: Y ☐ RashY ☐ Bruising☒ AbrasionsY ☐ LacerationsNEURO: ☒ Oriented x 3☐ Cranial Nerves II - XII intact☒ Motor WNL☒ Sensory WNL☒ Gait WNL☒ DTR WNLPSYCH: ☐ Mood/Affect WNL☐

Consult

Contacted at

AM PM

Responsibility Transferred

Time:

ABG:

**Troponin:**

---

TIME	NURSE'S NOTES
3-12-8 9 PM	Amputation. DOOR 2. Q SOB. presented to room
02:10	Stakes hit her (R) lower extremity tonight & got small abrasion & bleeding. unknown reformer 29-30 year old. Denver other trauma. Area for our attention. SIAIEN
11 PM	Telmed 911 via 4 Delta. instructions given AP

TIME	IV SITE	IV SOLUTION	RATE	AMT INFUSED	RN INT.	P.O.	URINE
						INTAKE	OUTPUT



## DISPOSITION

DISCHARGE CONDITION	Date & Time Released	Page 33 of 45
<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved	9/17/09 2:30	<input type="checkbox"/> Rx & D/C <input type="checkbox"/> Admit to _____ <input type="checkbox"/> Transfer to _____ <input type="checkbox"/> Left prior to D/C instructions <input type="checkbox"/> AMA _____
Diagnosis: <u>abrasion</u>		
Attending Note: I have examined the patient and agree with the findings and treatment plan of Dr. _____		

MEDICAL REC. # 1439563 ACCT. NO. 007

MOA 0TH A/C ACCIDENT DATE A

 PATIENT NAME AND ADDRESS  
 AKHTER  
 40 WATER ST  
 NEW YORK  
 917-2

 PHONE NO. DEC  
 MOTHER'S MAIDEN NAME  
 GUARANTOR NAME AND ADDRESS  
 40 WATER ST  
 NEW YORK  
 917-256

 PHONE  
 F/C PREFIX MEDICARE NO  
 H  
 BLUE CROSS ID NO.  
 113656030

OTHER INSURANCE NAME AND ADDRESS

Resident MD (Print / Sign)	MD # / Time	Attending MD (Print / Sign)	MD # / Time	ROI <input type="checkbox"/> YES <input type="checkbox"/> NO
1		<u>[Signature]</u>		
2				
3				

## INSTRUCTIONS &amp; MEDICATIONS

Instructions	<u>apply bacitracin twice per day x 5 days</u> <u>return for redness, swelling, pain, warmth spreading</u> <u>down foot/leg, fever</u>
Rx	
INSTRUCTIONS UNDERSTOOD: <u>X</u> <u>[Signature]</u> PATIENT SIGNATURE	
D/C INSTRUCTIONS GIVEN: <u>[Signature]</u> SIGNATURE	
<input type="checkbox"/> INSTRUCTION SHEET GIVEN TO PATIENT	
Follow-up Appt given/for	1) _____ Date _____ Time _____
	2) _____ Date _____ Time _____
	3) _____ Date _____ Time _____

NEW YORK CITY  
HEALTH AND HOSPITALS CORPORATION

**GENERAL CONSENT  
FOR TREATMENT**

Chart No.

1439563

Name

AKHter, Ihsan-fahim

Ward No.

(Patient Imprint Card)

**FORM A**

**For patients seeking in-patient, out-patient and/or emergency room services.**

1. I am asking for medical care and treatment at this facility and agree to accept services which may diagnose a medical condition, procedures to treat my condition and routine dental and medical care, including vaccination. I understand that these services will be provided to me by physicians, dentists, nurse practitioners, midwives, physician assistants and other health care providers, some of whom may be in training. I have not been given any guarantees as to the results of the services I will receive.
2. I understand that my agreement to accept these services will remain in effect unless I say that I no longer want these services or until my treatment is completed.
3. I understand that my agreement to accept these services is called a General Consent and that it includes any routine procedure(s) or treatment(s) such as blood drawing, physical examination, administration of medication(s), taking X-rays, use of local anesthesia and other non-invasive procedures.

X [Signature]  
Signature of Patient or Parent/Legal Guardian of Minor Patient

3/12/08  
Date

If the patient cannot consent for him/herself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patient's next of kin who is assenting to the treatment for the patient, must be obtained.

\_\_\_\_\_  
Signature of Health Care Agent/Legal Guardian  
(Place a copy of the authorizing document in the medical record)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Relation of Next of Kin

\_\_\_\_\_  
Date

**WITNESS:**

I, Jenze Perez am a facility employee who is not the patient's physician or authorized health care provider and I have witnessed the patient or other appropriate person voluntarily sign this form.

[Signature]  
Signature and Title of Witness

**INTERPRETER/TRANSLATOR:**

(To be signed by the interpreter/translator if the patient required such assistance)

- To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

\_\_\_\_\_  
Signature of Interpreter/Translator

## Acknowledgement

By signing and dating the form below, I acknowledge that I have received a copy of the New York City Health and Hospitals Corporation's Privacy Notice.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Medical Record Number

X                       
Patient's Signature

3/12/08  
Today's Date

If executed by a patient's personal representative, please print your name in the space below:

\_\_\_\_\_  
Personal Representative's Name

\_\_\_\_\_  
Personal Representative's Signature

### FOR USE BY NYCHHC STAFF ONLY:

☐ Patient refused to sign

☐ Patient unable to sign

\_\_\_\_\_  
NYCHHC Employee's Initials

\_\_\_\_\_  
Today's Date



Beth Israel Medical Center-Petrie Division  
1st Ave. at 16th Street  
New York, NY 10003

Patient: **AKHTER, KHANAMFATIMA**  
Sex: **F** DOB: **10/12/1939**  
Phone #: **(917)256-1731**  
Patient #: **TB0755-0229064**  
Order #: **391706832**  
Collected: **03/17/2008 11:50**

**DOCS PRIM CARE**  
**55 E 34th St**  
**5th Floor**  
**New York, NY**  
Loc: **B0755**

Requested by: **CHATTERJEE, LOLITA**

FINAL						
Test Name	Within Range	Out of Range	Ref-Ranges	Units	Site	
<b>Special Hematology</b>						
HbA1c		7.1 H	4.2-5.9	%	B	
<b>Chemistry</b>						
Urea Nitrogen		19.0 H	7.0-17.0	mg/dL	B	
Creatinine	0.9		0.7-1.2	mg/dL	B	
Sodium	138		137-145	mmol/L	B	
Potassium	4.3		3.5-5.1	mmol/L	B	
Chloride		97 L	98-107	mmol/L	B	
CO2	28		22-30	mmol/L	B	
Anion Gap	13		7-16	mmol/L	B	
Glucose		120 H	74-106	mg/dL	B	
Calcium	9.9		8.4-10.3	mg/dL	B	
Protein, Total	7.7		6.3-8.2	g/dL	B	
Albumin	4.6		3.5-5.0	g/dL	B	
A/G Ratio	1.5		1.1-2.2		B	
Bilirubin, Total	0.3		0.2-1.3	mg/dL	B	
Alkaline Phosphatase	111		38-126	U/L	B	
AST	26		15-46	U/L	B	
ALT	34		13-69	U/L	B	
<b>Cardiac Markers</b>						
Triglycerides	90		0-150	mg/dL	B	
Cholesterol, Total		229 H	0-200	mg/dL	B	
Cholesterol, HDL	51		Adults: Low risk >60 High risk <40	mg/dL	B	
Cholesterol, LDL( calc )		160 H	75-100	mg/dL	B	
Cholesterol/HDL Ratio		4.49 H	0.00-4.30		B	
<b>Random Urine Chemistry</b>						
Microalbumin, Urine Random	0.90		0.00-1.70	mg/dL		
Creatinine, Urine Random	54			mg/dL		
Alb/Cre Ratio, Urine	17		0-30	mg/g Creat		

B: Beth Israel Medical Center\*Petrie Division\*1st Avenue at 16th Street\*New York, NY

L = Low; H = High; AB = Abnormal; CL, CH = Alert

LC

**D.O.C.S**

Continuum Medical Group

**PROGRESS NOTES**

**PLACE ADS LABEL HERE**

Fatima  
DOB 10/12/39

**DATE/TIME:** Physicians: start notes at solid vertical line; Clinical Staff: start at dotted line

INT MED/FAM MED/PED VISIT

Date: 3/17/08

Reason for visit:

B/P 120/80 Pain

Allergies: Cefixime

Medications as of 3/17/08

90 male

Diabetic male

3/12/08  
Slip Fall & LTA  
C/C of Arth pain

2 Arth + 2 on Alprazolam  
+ 5 mgell. 1 gm  
mile for

Alprazolam / Corticosteroids

Relater 1500 (4)  
2 Arth - X-ray

#11

\_\_\_\_ TIME Signed In:  
\_\_\_\_ Walk In (Yes or No)  
\_\_\_\_ Appt (Yes or No)

**Beth Israel Medical Center**

**Ambulatory Patient Self Assessment for This Visit**

Must be Completed Each Visit

Date: 3/17/08

Name: Khanum Fatima Akhtar

Reason Here: accident occur on circuit City store on 3/12/08  
want to check up and get report,

Past Medical History: Diabetes, Blood Pressure, cholesterol, allergic Asthma.

Past Surgical History: Not in 30 years, before one.

Medications: for Diabetes, Blood Pressure.

Allergies: Pollen, House dust, &

02-07-97 PLACE  
Suite 2-H  
Rego Park, N.Y. 11374

**Tel: (718) 271-7700**

**Fax: (718) 271-4490**

**Narrative Report**

**Date: 05/05/08**

**PATIENT'S NAME: Khanam Fatima Akhter**  
**CHART #: 4866**

**PRESENTING COMPLAINTS**

The patient comes to see me today with the chief complaints of pain and limitation of motion involving the right ankle, neck, both shoulders, and both knees. This has been going on since her fall on April 12, 2008.

**HISTORY**

The patient is a 68-year-old female. This patient was at Circuit City Store when she fell sustaining laceration to her right ankle and injuries to the above-noted parts of her body. Ever since that time, the patient has been hurting. After that, the patient was taken to a hospital where she was diagnosed as having superficial ulceration involving the front of the right ankle, about 1 inch in length and also multiple blunt traumas as indicated above. The patient was given treatment, and she was subsequently discharged. She comes to see me today for the first time.

The patient complains of pain in the right ankle with difficulty in standing for longer length of time. Also, her ankle swells up from time to time.

The patient also complains of pain in the neck, which is mainly located in the neck area. There is no history of radiation. The patient has difficulty in moving her head in any direction; especially, extremes of motion are painful.

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The patient also complains of pain in both shoulders with difficulty in heavy lifting and overhead activities.

The patient also complains of pain and stiffness involving both her knees, right more than the left, and this started after her fall.

### **PAST MEDICAL HISTORY**

The patient suffers from high blood pressure, diabetes, and heart problem. Also, she has asthma.

### **PERSONAL HISTORY**

She stands 5 feet 4 inches and weighs 160 pounds. She is right-hand dominant.

### **PHYSICAL EXAMINATION**

#### **RIGHT ANKLE**

On examination of the right ankle, there is abrasion in front of the ankle, about 1 inch in length, above the ankle joint line anteriorly, which has healed. There is no sign of infection. There is generalized swelling around the ankle with tenderness in the medial and lateral side. Extremes of motion are painful.

#### **CERVICAL SPINE**

On examination of the cervical spine, there is tenderness in the C5 and C6 area, and extremes of motion are limited. Neurovascular examination in both upper extremities is within normal limits.

#### **RIGHT SHOULDER**

On examination of the right shoulder, there is a normal shoulder contour. There is generalized tenderness.

Range of motion is as follows:

	<b><u>NORMAL</u></b>	<b><u>EXAM</u></b>
Flexion:	0°-170°	0°-160°
Abduction:	0°-180°	0°-160°
Extremes of motion are limited.		



### **LEFT SHOULDER**

On examination of the right shoulder, there is a normal shoulder contour. There is generalized tenderness.

Range of motion is as follows:

	<b><u>NORMAL</u></b>	<b><u>EXAM</u></b>
Flexion:	0°-170°	0°-160°
Abduction:	0°-180°	0°-160°
Extremes of motion are limited.		

### **RIGHT KNEE**

On examination of the right knee, there is no deformity. There is parapatellar tenderness. There is no effusion. Patellofemoral grind test is positive. There is tenderness over the medial joint line. Anterior and posterior drawers are negative. There is no medial or lateral collateral ligament laxity. Range of motion is from full extension to 90 degrees of flexion.

### **LEFT KNEE**

On examination of the right knee, there is no deformity. There is parapatellar tenderness. There is no effusion. Patellofemoral grind test is positive. There is tenderness over the medial joint line. Anterior and posterior drawers are negative. There is no medial or lateral collateral ligament laxity. Range of motion is from full extension to 90 degrees of flexion.

### **IMPRESSION**

Abrasion involving the right ankle with sprain.

Contusion with internal derangement involving both knees.

Multiple contusions involving both shoulders.

Sprain to the cervical spine.

**RECOMMENDATIONS**

The patient is advised to get x-rays of the cervical spine, lumbar spine, both shoulders, both knees, and right ankle. She will see me after x-rays for further evaluation. In the meantime, she is advised to continue physical therapy and antiinflammatory medication.

Laxmidhar Diwan, M.D.

LD/sv

# HEALTH INSURANCE CLAIM FORM

Document Page 43 of 45

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

EL. PASO, TX 79908-

NIJCC Instruction Manual available at: [www.nijcc.org](http://www.nijcc.org)

APPROVED AND FORWARDED: EDWARD J. COUGHLIN 4500 100th

September 14, 2009

**VIA FEDERAL EXPRESS**

Clerk of the Bankruptcy Court  
United States Bankruptcy Court  
701 East Broad Street - Room 4000  
Richmond, Virginia 23219

RE: In Re Circuit City Stores, Inc.  
Case No.: 08-35653  
Our Client: Khanam Fatima Akhter  
Claim Number: 5111


Dear Sir/Madam:

Please be advised that this office represents creditor-claimant Khanam Fatima Akhter for personal injuries sustained in an accident.

Enclosed please find for filing a Response to Debtor's Omnibus Objection of Claims and Request for Hearing on behalf of this claimant. We request that you file same immediately upon receipt.

Thank you for your courtesy herewith. Should you have questions, feel free to contact this office at your earliest convenience.

Sincerely yours,

  
Edward Rimland

ER/sk  
Enclosure

cc: SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP  
One Rodney Square  
Post Office Box 636  
Wilmington, Delaware 19899-0636  
Attention: Gregg M. Galardi  
Ian S. Fredericks

SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP  
155 North Wacker Drive  
Chicago, Illinois 60606  
Attention: Chris L. Dickerson

MCGUIREWOODS, LLP  
One James Center  
901 E. Cary Street  
Richmond, Virginia 23219  
Attention: Dion W. Hayes  
Douglas M. Foley